

# ACT Now

**A**GING **C**HOICES & **T**RANSITIONS



FREDERICK COUNTY  
Department  
of Aging

Your Maryland Access Point  
1440 Taney Avenue  
Frederick, MD 21702  
301-600-1605  
Maryland Relay: 711  
[www.FrederickCountyMD.gov/aging](http://www.FrederickCountyMD.gov/aging)

BROUGHT TO YOU BY THE FREDERICK COUNTY DEPARTMENT OF AGING  
A COMMUNITY PARTNERSHIP WITH THE GAZETTE & CUSTOM MEDIA OPTIONS

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1890453



FREDERICK COUNTY  
**MARYLAND ACCESS POINT**

YOUR LINK TO HEALTH & SUPPORT SERVICES

**Frederick County  
Department of Aging**  
is proud to be your  
**Maryland Access Point  
(MAP)**

**MAP SERVES:**

- Older Adults
- Adults with disabilities
- Family members and caregivers who support them

**MAP PROVIDES:**

- Information
- Assistance
- Resources
- Referrals
- Options Counseling

The MAP is located at the  
Frederick County Department of Aging  
1440 Taney Avenue  
Frederick, MD 21702

**301.600.1605**

Maryland Relay: 711  
[www.FrederickCountyMD.gov/Aging](http://www.FrederickCountyMD.gov/Aging)  
[www.MarylandAccessPoint.info](http://www.MarylandAccessPoint.info)

FREDERICK COUNTY  
Department  
of Aging



## MESSAGE FROM THE Director

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### FREDERICK COUNTY Department of Aging

#### MISSION STATEMENT

The mission of the Department of Aging is to develop and administer programs and activities that support Frederick County older adults and adults with disabilities in their efforts to remain healthy, active and independent members of the community, and to provide, coordinate and advocate for services which promote the dignity and enrichment of life for all seniors, persons with disabilities, families and caregivers.



The Frederick County Department of Aging is pleased to share this caregiver resource directory with you, and we hope that you will take the opportunity to acquaint yourself with the services offered to caregivers, older adults and their families in this County. This directory was created in response to your needs.

When the Older Americans Act was reauthorized in 2000, it included funding for the National Family Caregiver Support Program. The Frederick County Department of Aging uses these federal funds to offer respite grants and support groups; literature to educate and inform citizens about the availability of resources; staff members who can provide information, assistance and referrals to other programs that will assist the caregiver and family members.

The Frederick County Department of Aging is the primary resource for information about, and access to, services that address the needs of senior citizens and their families. We work closely with many volunteers, community agencies and private organizations to maximize service potential, avoid duplication of services and collaborate on special projects and events.

The job of a caregiver is not easy. It may be filled with challenges and obstacles, but it can also be filled with wonderful experiences and a rewarding sense of accomplishment. Our focus is to help the caregiver through the ups and downs and to offer assistance and guidance when appropriate. Whether you planned to be a caregiver or suddenly acquired the role, we hope you will use this resource guide as one of the tools in your toolbox.

Remember to take care of yourself first and ask for help when you need it. You will be in a better position to care for others.

Sincerely,

Carolyn B. True  
Director



# FREDERICK COMMUNITY ACTION AGENCY

Help for People Who Can't Afford Their Prescription Medication



The **Medbank Program** helps low- to moderate-income, uninsured, or underinsured people obtain the prescription medications they need, but can't afford.

The **Medbank Program** works by helping people to obtain free or low-cost prescription medications offered through patient assistance programs operated by pharmaceutical manufacturing companies. The prescription must be for a medical or psychiatric condition that requires at least several months worth of medication. The **Medbank Program** in Frederick County is operated by the Frederick Community Action Agency.

To be eligible for the **Medbank Program**, Frederick County residents must:

- Meet the financial guidelines set up by the pharmaceutical companies
- Have no other prescriptions drug coverage
- Be found ineligible for other programs such as Medical Assistance, Primary Adult Care or Medicare Part D
- Need medications to treat longer-term conditions

*For more information contact:*

**Medbank Program**

**100 South Market Street**

**Frederick, Maryland 21701**

**301-600-3972**



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# Protect Your Assets for Your Family



## THE LAW OFFICES OF SCOTT ALAN MORRISON, P.A.

Estate Planning & Strategic Asset Preservation

Today, with nursing homes costing \$9,000 a month, you must plan ahead. As Elder Law Attorneys, we can show you how to protect your assets from nursing homes, probate fees and estate taxes. Even with a relative in a nursing home now, assets can still be protected. Call today for a free consultation. We can help!

### We are committed to serving seniors and their families in the following areas:

- ◆ Estate Planning
- ◆ Guardianship
- ◆ Advanced Health Care Directives
- ◆ Powers of Attorney
- ◆ Wills
- ◆ Living Trusts
- ◆ Probate
- ◆ Medicaid Applications

**Scott Alan Morrison** ◆ **Megan L. McGrew**

#### Frederick Office

141 W. Patrick St., Suite #300  
Frederick, MD 21701  
Phone: 301-694-6262

#### Hagerstown Office

19833 Leitersburg Pike, Suite #1  
Hagerstown, MD 21742  
Phone: 301-293-0010

*Member of National Academy of Elder Law Attorneys Estate Planning Section  
and the Elder Law Section of the Maryland State Bar Association*

**Call Toll Free: 1-866-220-5185 ◆ Visit us online at [www.samlawoffice.com](http://www.samlawoffice.com)**



# Taking Care of Business

Confidential and Personal Records of

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COURTESY OF:  
The Frederick County Department of Aging  
1440 Taney Avenue  
Frederick, MD 21702  
301-600-1605  
[www.FrederickCountyMD.gov/aging](http://www.FrederickCountyMD.gov/aging)

FREDERICK COUNTY  
Department  
of Aging

The *Taking Care of Business* document is meant to offer you guidance when gathering and recording your personal and confidential information; information that will be invaluable to you in times of emergency, disaster, crisis and/or life transitions. We encourage you to complete the document and keep it in a secure location. As it is a working document, the information might change as time passes, so we also encourage you

to revisit it and revise it when necessary. You should ensure that the document can be accessed by at least one trusted, involved, and informed party should you become incapacitated or your situation becomes compromised.

\*\*Also, you may need to and/or want to consult a legal and/or health professional for assistance with completing this form.

MY GENERAL INFORMATION

My name is \_\_\_\_\_

Date of initial completion *(initial & date revisions)* \_\_\_\_\_

The city and date of my birth is \_\_\_\_\_

My birth certificate is located \_\_\_\_\_

My Social Security Number is \_\_\_\_\_

My Social Security Card is located \_\_\_\_\_

The address/phone number of my legal residence is \_\_\_\_\_

The specific place where I keep my wallet or purse is \_\_\_\_\_

Specific places where I keep my important documents are \_\_\_\_\_

Specific places where I keep my bills and statements are \_\_\_\_\_

The specific place where I keep my tax returns & related documents is \_\_\_\_\_

The name, address/phone number of the person in charge of seeing to my affairs when I die is \_\_\_\_\_

My primary doctor address/phone number is \_\_\_\_\_

My lawyer's name, address/phone number is \_\_\_\_\_

\_\_\_\_\_

My financial advisor's name, address/phone number is \_\_\_\_\_

\_\_\_\_\_

I was in the military *(give branch, years of service and discharge)* \_\_\_\_\_

\_\_\_\_\_

I was a member of the following fraternal/service organizations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## I. LOCATION OF LEGAL DOCUMENTS AND OTHER ITEMS

My most recent Will and Final Testament can be found \_\_\_\_\_

\_\_\_\_\_

A Living Will exists for me and a copy of it can be found \_\_\_\_\_

\_\_\_\_\_

My Durable Power of Attorney for health care can be found \_\_\_\_\_

\_\_\_\_\_

A Do Not Resuscitate Order exists for me and a copy of it can be found \_\_\_\_\_

\_\_\_\_\_

I have a trust fund document, which is kept \_\_\_\_\_

Name of Trustee & address/phone number is \_\_\_\_\_

\_\_\_\_\_

I am a beneficiary under a Trust made by *(name & address/phone number)* \_\_\_\_\_

\_\_\_\_\_

I have mortgage documents, deeds, titles, etc. which can be found \_\_\_\_\_

\_\_\_\_\_

I have important manuscripts or personal papers located \_\_\_\_\_

\_\_\_\_\_

Other important legal documents I have and where they are kept \_\_\_\_\_

\_\_\_\_\_

II. MY DEBTS

I have personal loans with the following banks \_\_\_\_\_

I hold credit cards with the following banks \_\_\_\_\_

I have installment loans with the following businesses *(ex. Mortgage, car, boat, equity line, etc.)* \_\_\_\_\_

III. MY SAFELY HELD POSSESSIONS

I have a safe-deposit box/boxes located at/in *(bank name)* in *(city/town)* \_\_\_\_\_

I have a Post Office box *(give number)*, located at the Post Office in *(town)* \_\_\_\_\_

I keep cash/coins, jewelry, precious metals or other valuables in *(name the container & location)* \_\_\_\_\_

Keys to important locked areas, vehicles, etc. are kept at/in *(name the specific places)* \_\_\_\_\_

The number combination(s) of safes, locks, etc. is/are \_\_\_\_\_

Important Personal ID Numbers (PINS) for bank or online accounts as well as logins and passwords, etc. are *(note what it is and its PIN)* \_\_\_\_\_

## IV. MY INSURANCE POLICIES

My life insurance policy/policies can be found \_\_\_\_\_

My car insurance policy/policies can be found \_\_\_\_\_

My health insurance is *(Medicare, Medicaid; if a private health plan, give policy number)*

\_\_\_\_\_

My long-term care insurance is \_\_\_\_\_

List all other insurance policies with life, death or disability benefits and where

information for each can be found \_\_\_\_\_

\_\_\_\_\_

I am a beneficiary in someone else's insurance policy *(give person's name and phone #)*

\_\_\_\_\_

## V. MY INCOME/ASSETS

### A. Income (Documentation for the following income):

Social Security \_\_\_\_\_

Civil Service \_\_\_\_\_

Current Job \_\_\_\_\_

VA \_\_\_\_\_

Pension/retirement \_\_\_\_\_

Rental income \_\_\_\_\_

Annuities \_\_\_\_\_

Other \_\_\_\_\_

### B. Assets/Resources (Documentation for the following assets):

Annuities \_\_\_\_\_

401K/Deferred Comp \_\_\_\_\_

Investment accounts \_\_\_\_\_

Savings/CDs/money market \_\_\_\_\_

Checking \_\_\_\_\_

Bonds \_\_\_\_\_



Notes \_\_\_\_\_

Business investments \_\_\_\_\_

Timeshares \_\_\_\_\_

Property other than home \_\_\_\_\_

Vehicles \_\_\_\_\_

Boats/motorcycles \_\_\_\_\_

RV/trailers \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

VI. MY FINAL WISHES

I have left explicit instructions as to my burial arrangements in *(give specific location)* \_\_\_\_\_

\_\_\_\_\_

I have a prepaid burial plan with *(give name and address/phone number)* \_\_\_\_\_

\_\_\_\_\_

My obituary is already written and can be found \_\_\_\_\_

\_\_\_\_\_

My religious affiliation is \_\_\_\_\_

The church/synagogue/mosque/congregation I belong to is \_\_\_\_\_

\_\_\_\_\_

I have a burial plot located at \_\_\_\_\_

\_\_\_\_\_

Check One: I want to be    ☐ Cremated    ☐ Buried

Instructions regarding my funeral arrangements, burial, etc. \_\_\_\_\_

\_\_\_\_\_

I would like donations to be made to the following agencies in my memory \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VII. PERSONAL CONTACTS

Power of Attorney/Attorney \_\_\_\_\_  
Family \_\_\_\_\_  
Neighbors/Friends \_\_\_\_\_  
Doctors \_\_\_\_\_  
Church/Funeral Home \_\_\_\_\_  
Other \_\_\_\_\_

VIII. OTHER NECESSARY INFORMATION – DEPENDENTS

**Children / Grandchildren:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Legal Guardian \_\_\_\_\_  
Pediatrician/Doctor \_\_\_\_\_

**Pets/Animal Companions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Designated Secondary Caregiver \_\_\_\_\_  
Veterinarian \_\_\_\_\_

NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**My late husband John  
was fun and spontaneous.**

One thing he did that was not spontaneous was pre-planning his funeral. He did this years ago, before his illness, because "he couldn't bear the thought of the children and I having to cope with grief and the burden of a funeral." John made all of the arrangements, down to the smallest detail.

It was a very difficult time, but as usual,  
John took care of his family.

**Pre-arranging a funeral is one of the most  
thoughtful, financially prudent things you can  
do for your family. Give us a call today.**



**301.663.1690**

*Brunswick • Frederick • Mt. Airy • Thurmont • Walkersville • Boonsboro*

**[www.staufferfuneralhome.com](http://www.staufferfuneralhome.com)**

# TURNING 65

## Navigating the Medicare Maze

By Eleanor Jenkins, Program Coordinator, Frederick County Department of Aging

### What is Medicare?

#### Health Insurance for people:

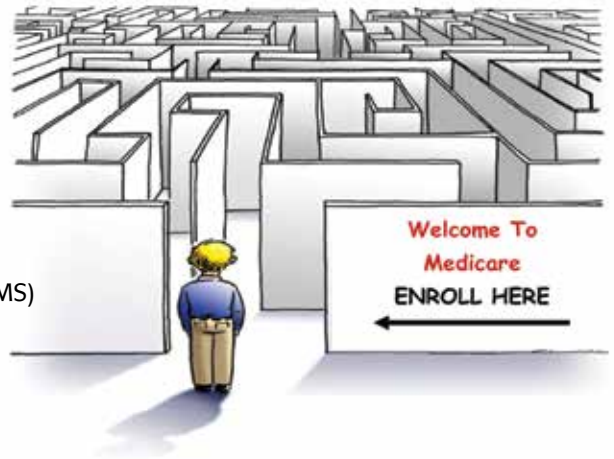
- Age 65 and older, or under the age of 65 and approved for Social Security Disability.
- Those diagnosed with End Stage Renal Disease (ESRD) or Lou Gehrig's Disease (ALS)

#### Administered by:

- The Centers for Medicare & Medicaid Services (CMS)

#### Enroll through:

- Social Security Administration (SSA)
- Railroad Retirement Board (RRB)



### SHIP / SMP Program

*State Health Insurance Assistance Program/  
Senior Medicare Patrol*

**SHIP program** provides local help for people with Medicare

**SMP program** empowers seniors to help prevent healthcare fraud

## The Four Parts of Medicare

#### PART

# A

#### Hospital Insurance

Helps cover inpatient care in hospitals, skilled nursing facilities, hospice and home health care.

#### PART

# B

#### Medical Insurance

Helps cover doctors' services, outpatient care, home health care and some preventative services.

#### PART

# C

#### Medicare Advantage Plans

Another way to receive Medicare benefits. Combines Parts A and B, usually includes Part D coverage. Run by private insurance companies approved by and under contract with Medicare.

#### PART

# D

#### Medicare Prescription Drug Coverage

Helps cover the cost of prescription drugs. Run by private insurance companies approved by and under contract with Medicare.



**United States Air Force: 23 Years**  
**United States Postal Service: 18½ Years**  
**St. Joseph's Ministries: 46 Days**

*"Everyone was very good to me, very kind.  
Rehab fixed me right up - they'll fix you right up, too!"*  
**- Eugene Pecher**

**Our neighborhoods: St. Catherine's • St. Vincent's**



**Whether you need short-term rehabilitation, or a long-term facility, St. Joseph's Ministries in Emmitsburg is here to serve you.**

- Ranked #5 in quality in Maryland
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**Want to learn more about us?**  
**Call today!**

**St. Joseph's Ministries**  
**331 S. Seton Avenue Emmitsburg, MD**  
**(301)447-7000**

1894681



## PART

# A

## Hospital Insurance

## Costs

- Most people receive Part A Premium free (must have 10 yrs of Medicare covered employment)
- Part A deductible for days 1-60\* (per occurrence)
- Skilled nursing facility coinsurance \$0 for first 20 days, daily co-insurance for days 21-100\*
- Medicare coverage ends after 100<sup>th</sup> day

## Charges based on “Benefit Period”

- Inpatient hospital care and skilled nursing facility services
- Begins the day admitted to hospital
- Ends when out of hospital or Skilled Nursing Facility for 60 days in a row
- You pay deductible for each benefit period
- No limit to number of benefit periods

*\* These numbers change annually. Contact the local State Health Insurance Assistance Program (SHIP) office at 301-600-1604 for the latest figures.*

## PART

# B

## Medical Insurance

## Enrolling

- Automatically enrolled if receiving Social Security, Railroad Retirement, or disability benefits
- Must opt out if you don't want to be enrolled
- Initial Enrollment Period is a 7 month period that starts 3 months before 65<sup>th</sup> birthday, month of 65<sup>th</sup> birthday, and 3 months after you turn 65
- You may want to delay enrolling in Part B if you have employer coverage through you or your spouse's active employment
- May have a Late Enrollment Penalty for not signing up when first eligible

## Costs

- Part B premium
- Part B deductible (annually)\*
- 20% coinsurance for most services
- 15% excess when full Medicare assignment is not accepted by service provider

*\* These numbers change annually. Contact the local State Health Insurance Assistance Program (SHIP) office at 301-600-1604 for the latest figures.*

## Subsidy programs to offset the costs

- **QMB** (Qualified Medicare Beneficiary) – A State program that will pay the Medicare B premium and some of the costs associated with medical care.
- **SLMB** (Specified Low Income Medicare Beneficiary) – A State program that will pay the Medicare B premium.

Both programs are based on income and assets.

Applications available at:

[mmcp.dhmh.maryland.gov/docs/QMB-Application-02-10-rev.pdf](http://mmcp.dhmh.maryland.gov/docs/QMB-Application-02-10-rev.pdf)

## Medigap/Supplemental Insurance

- Medigap is optional insurance that can be purchased from private insurance companies approved by the state that covers the costs of healthcare which are not covered by Medicare.
- If you or your spouse have retirement benefits that you both will be keeping from an employer policy, you may not need a supplemental policy.

### Items & services NOT covered by Medicare include, but aren't limited to:

- Long-term care
- Routine dental care
- Dentures
- Cosmetic surgery
- Acupuncture
- Hearing aids and exams for fitting hearing aids
- Eyeglasses or contact lenses (one pair of eyeglasses with standard frames, or one set of contact lenses will be covered after cataract surgery that implants an intraocular lens)

## PART



### Medicare Advantage Plans

## Coverage

- Managed health care options approved by Medicare
- Medicare pays set amount to the plan for your care
- You are still in the Medicare program with rights and protections
- You must have Medicare Part A & B to join an Advantage plan
- Most plans include prescription drug coverage
- May have to go to network doctors and hospitals
- Benefits and cost sharing may be different than original Medicare
- Must still pay Part B premium, some plans charge additional monthly premium

## PART



### Medicare Prescription Drug Coverage

## Coverage

- Provided through Medicare Prescription Drug plans & some Advantage plans
- You must have Medicare Part A and/or Part B
- You must live in the plan service area
- Medigap plans **DO NOT** include prescription coverage
- Plans must include a range of drugs in each prescription category
- Don't have to cover certain drugs
- Coverage and rules vary by plan
- Plans can manage access to drug coverage through
  - Formularies (list of covered drugs)
  - Prior authorization (doctor requests before service)
  - Step therapy (type of prior authorization)
  - Quantity limits (limits quantity for period of time)

### Subsidy programs to help with the costs

- **LIS** (Low Income Subsidy/Extra Help) A Federal program that will help with the costs of your prescription drug coverage, based on income and assets. Apply online at [www.ssa.gov](http://www.ssa.gov)
- **SPDAP** (Senior Prescription Drug Assistance Program) A State program that will pay a portion of your monthly drug plan premium and pay up to 95% of the cost of some name brand drugs if you go into the "donut hole." Based on income only. Application available at [www.marylandspdap.com](http://www.marylandspdap.com)

## Enrolling

- You can enroll in a drug plan via the plan's website, by calling the plan, calling Medicare, or by going to [www.medicare.gov](http://www.medicare.gov)
- You have up to 3 months after your 65<sup>th</sup> birthday, or up to 63 days after your creditable coverage ends to enroll without a late enrollment penalty.
- If you do not enroll when first eligible you may have to wait until open enrollment October 15<sup>th</sup> through December 7<sup>th</sup> to enroll and your coverage will not begin until January 1<sup>st</sup> of the following year.
- In certain circumstances a beneficiary may qualify for a "Special Enrollment Period" which would allow them to enroll in a plan or switch plans outside of open enrollment.

## Costs

- Costs vary by plan
- Most people will pay a monthly premium, deductibles and co-pays
- 50% of full price of name brand drugs when "**donut hole**" is reached
- A beneficiary goes into the "**donut hole**" when the plan they are enrolled in and the out of pocket money they have spent on covered prescriptions reaches \$2,970, and they are in the "**donut hole**" until their total out-of-pocket cost reaches \$4,750.\*
- Costs drastically reduced when out-of-pocket threshold is reached

\* These numbers change annually. Contact the local State Health Insurance Assistance Program (SHIP) office at 301-600-1604 for the latest figures.

# GOT MEDICARE?

Frederick County Department of Aging  
State Health Insurance Program



*Let us help you make  
informed decisions  
regarding your health care  
Subsidy Programs  
Available*

1440 Taney Ave. Frederick, MD 21702

**301-600-1604**

[www.frederickcountymd.gov/aging](http://www.frederickcountymd.gov/aging)



The SMP program provides information to Medicare and Medicaid beneficiaries, family members, and caregivers to actively protect themselves against fraudulent, wasteful, and abusive health care practices. For more info contact the Frederick County Department of Aging at 301-600-1605, 1440 Taney Ave. Frederick, MD 21702

1830476

## *Law Office of Cristine Evans LoVetro, LLC*

- Elder Law • Estate Planning & Probate
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- Guardianships

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Frederick, MD 21701

[www.lovetrolawoffice.com](http://www.lovetrolawoffice.com)

## *It's Time to Plan*

1894682

# Seniors are NOT the only ones to fall for SCAMS

By Eleanor Jenkins,  
Program Coordinator,  
Frederick County  
Department of Aging



- **Have you received prescription discount cards in the mail? Have you used them?** Did you know when you use them you may get a small discount on your medications if you have no prescription coverage, but you also get added to a mailing list for other solicitations.
- **Do you get calls about diabetic supplies, back braces, or any other durable medical supplies?** Unless it is a company that you already deal with or that you have asked for information from, this is part of a scam where they ask for information such as your Medicare number and bank account information. DO NOT give them any of your information.
- **Have you received phone calls from someone identifying themselves as a Medicare representative to verify your Medicare information to send you your new card?** Medicare will never cold call anyone! Medicare is not issuing new cards!
- **Have you received a call offering to send you your free Life Alert button?** They will ask you for your bank account information and in some cases they may send you the device, but then they will start debiting your bank account for a monthly service fee.
- **Have you received post cards or other “official” looking mail?** It is important to know Social Security and Medicare will not send you post cards asking for your information, or for donations to protect Social Security and Medicare.



The SMP program provides information to Medicare and Medicaid beneficiaries, family members, and caregivers to actively protect themselves against fraudulent, wasteful, and abusive healthcare practices. We are also here to answer questions and to help educate folks to avoid potential scams.

For more information, contact the Frederick County Department of Aging at 301-600-1604 or [ejenkins@frederickcountymd.gov](mailto:ejenkins@frederickcountymd.gov)



Medicare will  
never call you  
requesting  
information

## Protect Your Personal Information

- **Guard your Medicare and Social Security numbers.** Treat them like you would treat your credit cards.
- **If it's free, they don't need your number!** Be suspicious of anyone who offers you free medical equipment or services and then requests your Medicare number.
- **It's illegal and it's not worth it!** Do not let anyone borrow or pay to use your Medicare ID card or your identity.

## Watch Out for These Common Fraud Schemes

- **Just walk away** if people approach you in parking lots, shopping centers, or other public areas and offer free services, groceries, transportation, or other items in exchange for your Medicare number.
- **Simply hang up the phone** if someone calls you claiming to be conducting a health survey and asks for your Medicare number.
- **Do NOT give your information to telephone marketers who claim to be from Medicare or Social Security and ask for payment over the phone or Internet.** They may want to steal your money.



# MOVING SOMEONE

## FROM ANOTHER STATE TO MARYLAND



If you are considering moving your loved one, before deciding here are some things to think about:

- Do they want to move?
- Are they physically able to move?
- Are the services they are receiving currently available in this area?
- Is housing available that would fit with their financial and physical needs?
- If needed, can they afford in-home care?
- If needed, can they afford Adult Day Care?
- Medicaid qualifications are different in each state, confirm eligibility prior to move.
- How are they receiving their Medicare benefits currently?
- If they are in an Advantage plan, availability of those plans are different within each state.
- If assisted living or long term care services are needed, can they be afforded and obtained?
- Do they have long term care insurance?
- Are doctors or specialists accepting new Medicare patients in the new area?

**DISCLAIMER** – *This list is not all inclusive. You should consider your family's unique needs when making this decision.*

## Creekside At Tasker's Chance

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Community



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SPECIAL**



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**Creekside is a  
Senior Affordable  
Community  
for Adults  
62 & Better**

**100 Burgess Hill Way  
Frederick, MD 21702**

1894652

## Once you have decided to move a loved one...

The Relocation checklist document is provided to offer you guidance when considering moving someone you care for closer to you. These items provide not only a timeline but also a reminder of tasks that need to be considered prior to and after moving someone.

Tentative Move Date: \_\_\_\_\_

Considerations	Completed
Create a moving checklist and prepare a moving folder (keep all documents, checklists, etc. together). These items should be kept with you during your move.	
Is there a person appointed to act as a medical and financial power of attorney? Legal advice should be sought to determine whether or not it will transfer state to state.	
Driver's license or state issued ID required?	
Reestablish doctors in the local area, including dentists, specialists, pharmacies, etc.	
Transfer, or get copies of, medical and dental records, prescriptions, orders, vaccines, etc.	
Refill prescriptions before the move or transfer them to a local pharmacy to avoid gaps in medication refills.	
Is the individual physically able to make the trip? If so, think about the mode of transportation- if it is mass transportation e.g. plane, train, bus (alert carriers of any special needs).	
If the person is currently in an assisted living or nursing home, secure the level of care, and choose a local facility that meets the need. Financial coverage does not transfer state to state, it needs to be reestablished.	
Alert current local/social services of move and termination of service e.g. Meals on Wheels, in-home care. Retain closure letters.	
Is there availability of necessary resources locally (specific health needs, etc.)?	
Explore availability of alternate housing options in case the need arises or if level of care is different from state to state (long-term care facilities, assisted living, independent housing, etc.).	
Are there pets involved? Consider how to transport, veterinarian information, vaccine and documentation requirements.	

Considerations	Completed
Arrange to forward mail.	
Take pictures of furniture placement in current location so you can arrange items as closely as possible in new residence. This is especially important for those with memory or vision impairment.	
Consider any need for home modification e.g. stair safety, bathroom accessibility, handrails, grab bars, wheelchair accessibility.	
Set up an appointment with the local adult evaluation and review service. Consider if the person will have space, and be safe, in his/her new environment, access to appropriate socialization (if desired), etc.	
<p>Address services and utilities issues (turned on/off, accounts closed, final bills paid, forwarding address provided, etc.).</p> <ul style="list-style-type: none"><li>o Electricity, gas, water, phone, newspaper, magazines, creditors</li><li>o Banking<ul style="list-style-type: none"><li>• Safe deposit boxes moved/emptied</li><li>• Alert bank of move, and get a new bank if current bank is not local in new area</li></ul></li><li>o Lawn care, grocery delivery, church/organizations</li><li>o Insurance (house, auto, health)<ul style="list-style-type: none"><li>• General—are you covered in the new state/area?</li><li>• Medicare</li><li>• Medicaid—If receiving benefits in one state check to see if you qualify in the new state as there are varying eligibility requirements</li></ul></li><li>o Social Security</li><li>o Homes/properties</li></ul>	

NOTES

IMPORTANT PHONE NUMBERS AND CONTACTS:

Frederick County Department of Aging 301-600-1605

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# AGING IN PLACE

Some considerations for those wanting to continue living independently and Age in Place include:

- **Maryland Access Point** – Frederick County Department of Aging is proud to serve as the Maryland Access Point (MAP) for Frederick County older adults, adults with disabilities, their family members and caregivers. MAP provides information, resources and education and is designed to streamline access to long-term supports and services through a “no wrong door” approach. MAP can assist individuals with information concerning benefit eligibility, community resources and referrals.
- **Senior Centers & Congregate Dining** – Brunswick, Emmitsburg, Frederick and Urbana senior centers are community focal points offering educational programs, health and fitness activities, recreational and socialization opportunities. The programs and activities offered help individuals maintain wellness and independence. Each center offers lunch on a daily basis. Meals are planned and prepared to meet at least one third of the Recommended Dietary Allowance for older adults and follows the dietary guidelines for Americans.
- **Home modification** – There are special loan and grant programs to assist with home modification including Accessible Homes for Seniors and organizations such as Rebuilding Together and the Frederick County Department of Housing and Community Development.
- **In-home care agencies** – Can be hired to assist with companionship, meal preparation, chores, errands, bathing, and transportation, among other assistance. Some types of care may be covered by Medicare. All can be paid for with personal funds.
- **Transportation** –
  - **TransIT Plus** – A demand response, shared transportation service for senior citizens age 60+ and people with disabilities. Trips are scheduled on an individual basis to accommodate unique travel needs.
  - **Partners in Care** – Non-profit group that empowers older adults to remain independent in their homes through a network of volunteers assisting with neighborly tasks such as no-cost transportation to appointments, grocery shopping, errands, friendly visitors, and minor handyman services.



- **\*Senior Care Program** – A partnership between the Department of Aging and Department of Social Services that provides in-home aide services to eligible individuals 65 years and older who require assistance with several activities of daily living such as bathing, meal preparation, etc., who are moderately or severely disabled, medically at risk of institutionalization, and live in Frederick County.
- **\*Meals on Wheels/Home Delivered Meals** – A food service program delivered by volunteers for homebound elderly, handicapped or convalescing persons who are unable to shop or cook for themselves. A contribution per meal is requested.
- **\*Older Adults Waiver/Medicaid Waiver** – Enables adults (50+) to remain in a community setting even though their advance age or disability would warrant placement in a long-term care facility. The Waiver allows services that are typically covered by Medicaid in a long-term care facility to be provided to income eligible persons in their own homes or in assisted living facilities.

\*These programs have a waiting list.

For more information on the above services and organizations, please contact the Department of Aging at 301-600-1605 or [deptofaging@frederickcountymd.gov](mailto:deptofaging@frederickcountymd.gov)

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# FAQ

## In-home Care Options

### **Q:** What is the difference between an adult day center and a senior center?

Both adult day centers and senior centers provide recreation. An adult medical day center also provides medical monitoring by a licensed nurse, help with basic activities of daily living and services for caregivers. Senior centers offer many services, classes and health and fitness opportunities. Usually, persons attending senior centers are able to get around independently and take advantage of the many opportunities that are available. If an older person needs a fair amount of assistance, monitoring due to memory problems or someone to give him or her medications during the day, an adult medical day center is the better choice.

### **Q:** How do I know when my parent needs an adult day center?

If an older person needs some supervision during the day or help taking medications properly because of a memory problem, an adult medical day center may be the right choice. If your parent is recovering from major surgery or a stroke and needs some additional care and supervision during the recuperation process, a temporary placement at a day center may help. If your parent is not safe at home, needs some medical supervision or could benefit from interaction with others to combat depression, you may want to look at a day center.

### **Q:** I am concerned about my mom. Ever since my father died, she has stopped attending functions. She stays in the house most of the time and she seems to be losing weight. What can I do?

A good starting place is to encourage your mother to see her doctor. If she schedules an appointment, see if you can accompany her with her permission. Talk to your mother, see if she has concerns, talk about your concerns, and encourage her to share any concerns




with her doctor and/or ask her if it would be okay to do so yourself for her. Another option is to have your mother evaluated by a nurse through the Adult Evaluation and Review Service (AERS) a program through the Frederick County Health Department. They can be reached at 301-600-1736. For additional information and resources contact the Frederick County Department of Aging at 301-600-1605.

### **Q:** How do I pay for in-home care?

Medicare, private insurance and long-term care insurance policies cover skilled care provided in the home. Some examples of skilled care include intravenous injections, speech therapy and physical therapy. These can be covered but usually only for a limited period of time. Personal care (non-skilled care) may be covered in limited cases by a person's long-term care insurance, but is usually paid for on a private pay basis. Some examples of personal care include dressing, bathing, cooking, and light housekeeping.

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# SELF-NEGLECT & ELDER ABUSE

## Signs of Self-Neglect

Self-neglect describes situations in which older people put themselves at high risk. People who neglect themselves may have a disorder which impairs their judgment or memory. They may have a chronic disease. Knowing where to draw the line between a person's right to independence and self-neglect can be hard. Here are some signs that may mean it's time to intervene, although some may be hard to recognize during a short visit by a long-distance caregiver.

- Hoarding
- Failure to take essential medications or refusal to seek medical treatment for serious illness
- Leaving a burning stove unattended
- Poor hygiene
- Not wearing suitable clothing for the weather
- Confusion
- Inability to attend to housekeeping
- Dehydration



- Bruises, pressure marks, broken bones, abrasions, and burns may be signs of physical abuse, neglect, or mistreatment.
- Unexplained withdrawal from normal activities, a sudden change in alertness, and unusual depression may indicate emotional abuse.
- Sudden financial losses may be the result of exploitation.

- Bedsores, unattended medical needs, poor hygiene, and unusual, unexplained weight loss might be signs of neglect.

- Behavior such as belittling, threats, and other uses of power and control by spouses or other adults may signify verbal or emotional abuse.

- Strained or tense relationships and frequent arguments between the caregiver and older person can suggest mistreatment, either by the caregiver or the person receiving care.

## Elder Abuse

Elder abuse is causing physical, emotional, or financial harm to an older person, whether intentionally or unintentionally. There are many possible signs of abuse:

If your patient is in a long-term care facility, the facility must take steps to prevent (and report) abuse. Nursing homes and hospitals are subject to strict state licensing requirements. Even so, neglect and abuse can occur. Physical abuse by other residents is also possible. For more information, contact your local long-term care ombudsman; at the Frederick County Department of Aging at 301-600-1605 or Adult Protective Services at the Frederick County Department of Social Services at 301-600-2635.

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FROM: NATIONAL INSTITUTE ON AGING "So Far Away – Twenty Questions and Answers About Long-Distance Caregiving"

# CAREGIVER SUPPORT

## ➤ CAREGIVER PROFILE

If you are reading this handbook, chances are you're already a member of the more than 22.4 million households involved in caregiving. If you provide care for another person with a chronic condition that impairs his/her ability to function independently, you are a caregiver. As a caregiver, you may be a relative, friend, neighbor, companion, volunteer, professional (e.g., nurse, social worker, doctor, member of the clergy), church parishioner, or other member of the community providing care to a person at home or in an institutional setting, usually for an extended period of time.

It is difficult to provide an accurate profile of the caregiver because situations can vary so much. One caregiver may provide periodic visits or telephone calls, or arrange for other people to assist in giving required care. Another may provide full-time care for another person and perform a variety of tasks, including shopping, running errands, driving, cleaning, doing laundry, cooking, managing finances, bathing, dressing, securing medical treatment, administering medications, or furnishing hands-on medical care. Sometimes a caregiver will start by providing minimal care to another, and find the care increasing as the person's situation changes.

## Developing Support Systems

### DEALING WITH CAREGIVER STRESS

Caregiving can be taxing emotionally and physically, and there are so many aspects of it that can cause stress. For this reason, it is essential for caregivers to have support systems to help in stress management, and to enhance the caregiving situation.

### STRESSORS

Certainly, it is stressful to be removed from your usual roles and thrust into an unfamiliar caregiving situation. Perhaps you are grieving for the losses you face as a caregiver, including loss of income, vacation, travel or personal time, talks with friends, hobbies, privacy, sex, etc.

It is also important to recognize that when you are caring for someone, changes in the person's physical, mental and emotional status can affect your relationship with him/her, and cause stress. For example, increasing demands from the person you care for are likely to be stressful. Even if the person's behaviors are unintentional, it may be difficult not to view them as offensive or disturbing, and not to take them personally. During the course of providing care, you may feel that the person is deliberately attempting to control you, perhaps by creating feelings of guilt, or



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using imagined illness to gain sympathy. It is difficult to believe that the illness limits the person's judgment, and that controlling behaviors are beyond his/her capacity.

### UNCOMFORTABLE THOUGHTS

As the relationship becomes less manageable, you may experience uncomfortable thoughts and emotions, such as:

- Someone else is in control of my life.
- Nothing I do is enough, and I feel guilty about it.
- I can't do this; I'm not strong enough.
- Don't I have the right to a life, too?
- Everything I do seems to be too much and I am angry and frustrated.
- I'll take care of myself, if there is time at the end of the day.
- I am alone in the world; nobody cares; all the responsibility is on my shoulders.
- I am grieving for the loss of the person I knew.
- This new person, who is not what he/she used to be, embarrasses me.
- I can't cope with my own fears of aging and loss.
- This isn't what I expected at this time of my life.
- There is not enough time in the day to meet everyone's needs.
- I'm overwhelmed and burned out.
- I wish the person would hurry up and die.
- I can't keep this up much longer.
- I should not be having these

feelings; I'm ashamed and feel guilty about it.

### MANAGING STRESS

Feelings and thoughts similar to those listed above are normal, and you do not need to feel guilty about experiencing them. If you view such feelings and thoughts as indicators of stress, you may be able to step back for a moment, assess your situation and find ways to cope better. You owe it to yourself and to the person in your care to manage your stress and your feelings. Think of the airline instruction that is familiar to anyone who flies, "In the event oxygen is needed, put on your own mask before assisting children or others." The meaning behind that instruction is that you'll be unable to help another if you neglect yourself.

Because the responsibility, emotion and stress of caregiving put you at risk of exhaustion and illness, you must continue to perform self-assessment to determine how you're managing. If you develop sadness, crying, appetite and sleep disturbance, irritability, physical problems (especially of the stomach or back), thoughts of wanting to die, or wanting to hurt the one you care for, you may be depressed. Depression, a physical illness, occurs in many caregivers and can limit your ability to help yourself and others. There are excellent treatments including medication and therapy that can help you rebalance and resume healthy caregiving.

On an ongoing basis, you will also need to take appropriate steps to ensure



that you are caring for yourself and not becoming exhausted. Caregiver "burnout" is common, and you want to avoid it. Here are some tips that may be helpful:

### TIPS FOR SELF-CARE AND STRESS MANAGEMENT

- ☑ Take regular breaks, at least 15 minutes a day.
- ☑ Vent your feelings by talking with someone you trust, e.g., a spouse, friend, member of the clergy or professional. Crying may provide a welcome release.
- ☑ Allow family members and others to care for your loved one, so you can take time for yourself and participate in activities you enjoy.

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- ✓ Relax your body through exercise, petting a cat or dog, yoga, gardening, swimming, and snoozing.
- ✓ Ease your mind by laughing with a friend, at a funny television show, magazine or book, listening to music, dancing, meditating, praying, doodling or drawing.
- ✓ Pamper yourself by having a massage, manicure or pedicure, dinner out, soaking in the tub, enjoying flowers, tea, or aromatic candles.
- ✓ Join or start a support group. Support groups can be found through a number of sources, including other caregivers, local chapters for disease-specific organizations, adult day care, caregiver organizations, local faith organizations, the Office on Aging, and online.
- ✓ Make sure your role is well defined and that communication is clear among all participants in the caregiving circle. Each involved person needs regular reports on the caregiving situation. Computers/telephone calls can make this possible.
- ✓ Use caller ID or an answering machine to screen calls and allow rest periods.
- ✓ Talk about end-of-life decisions with the person you're caring for; get forms completed and posted if they do not want to be resuscitated.
- ✓ Make action plans with achievable goals. Include what you will do, how much, when, and how often.



- ✓ Say “no” to unreasonable demands.
- ✓ Ask for and receive help before the situation spins out of control. Is there any activity you dislike that can be eliminated or performed by someone else? Who else can assist you? What are the pros and cons for each alternative?
- ✓ If you find it necessary to consider outside placement or change the location of the caregiver situation, try to keep guilt feelings under control and focus on the problem-solving aspects.
- ✓ If you have a job, discuss the caregiving situation with your employer. The Family and Medical Leave Act (FMLA) may protect your job during an absence of several months per year. Perhaps your employer will extend you the courtesy of a flexible schedule, job-sharing, or allow you to work at home using phone, fax, and Internet services.
- ✓ Avoid high calorie foods; substitute healthy fruits, vegetables, and calcium-rich protein snacks.
- ✓ If necessary, secure additional help from professional sources. Community agencies

may be able to provide assistance with physical tasks or counseling if you feel overwhelmed by the caregiving situation. You may want to talk with your family doctor, or another health professional about getting counseling.

- ✓ You may want to identify or engage an attorney who can help you and the individual with complex issues, decisions, and other arrangements.

If you reach the point where stress management techniques and counseling are not enough to make the situation manageable for you and your loved one, you may decide that it is time to give up the role of full-time caregiver. It is very difficult to be a full-time caregiver for an extended period of time, and it is also very difficult to give up the caregiver role. As a last resort, you may need to consider other alternatives, including placing your loved one in a nursing home, small group home, or assisted living community. Although making these changes may be extremely difficult, new arrangements may be the right thing to do for your loved one, and for yourself.

---

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## FAQ

### Caregiver Support

#### **Q:** Where do I start finding support services?

Contact the Eldercare Locator at 1-800-677-1116 or your local Area Agency on Aging. The Frederick County Department of Aging can be accessed at 301-600-1605 or [www.frederickcountymd.gov/aging](http://www.frederickcountymd.gov/aging)

#### **Q:** I'm so busy I do not have time for a support group. Why should I try to find the time to go?

Attending a support group is beneficial because it connects the caregiver to others who may be having similar experiences with the person they are caring for. The caregiver may also learn about resources, programs and tips that can help them and their situation. Support groups can provide a safe place to get feelings and issues out that people are experiencing and provide emotional and/or educational support.

#### **Q:** What is respite care?

Respite means "break." Respite care is a break for the primary caregiver to do something other than care for their loved one. Respite is a time for the caregiver to renew and refresh or tend to their own health needs while someone else provides care to their loved one.

### **> CAREGIVER TIPS: Tips for getting help**

- ☒ Recognize that caregiving, like any job, is made up of lots of individual tasks.
- ☒ Recognize that asking for help is a sign of strength and not of weakness.
- ☒ Create a list of the tasks that need to get done in any given week.
- ☒ Group your tasks into categories.
- ☒ Write down your caregiving worries.
- ☒ Share your lists with someone you trust before you actually reach out for help.

#### **Q:** How do I get other family members to assist me with caregiving for our parent?

Asking them for specific help and creating a list of specific tasks can be useful in letting other family members know what is needed. Sometimes other family members will not be willing or able to assist either physically or financially.

#### **Q:** Can I get paid to take care of my loved one?

Unfortunately, there is not a way to get paid to care for your loved one. There are programs that provide respite, however, this is usually a limited amount of money on a short term basis and may not pay the family caregiver directly.

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## What information should a caregiver keep track of concerning the person for whom they are caring?

The answer to this question is different for every family. You might want to help organize the following information and update it as needed. This list is just a starting point.

- Full legal name and residence
- Birth date and place, birth certificate
- Social Security and Medicare numbers
- Employer(s) and dates of employment
- Education and military records
- Sources of income and assets; investment income (stocks, bonds, property)
- Insurance policies, bank accounts, deeds, investments, and other valuables
- Most recent income tax return
- Money owed, to whom, and when payments are due
- Credit card account names and numbers
- Safe deposit box key and information
- Will, beneficiary information
- Durable power of attorney
- Living will and/or durable power of attorney for health care
- Where cash or other valuables might be kept in the home

FROM: NATIONAL INSTITUTE ON AGING  
“So Far Away – Twenty Questions and Answers About Long-Distance Caregiving”



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**Marsha Sowers, family member at Sunrise of Frederick**

*My care manager treats me as if I were her mother. I love the care and support she gives me.*

**Teresa Gardner, resident at Sunrise of Frederick**

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**Sharon Poteat, family member at Sunrise of Frederick**

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# NEEDING SUPPORTIVE ASSISTANCE

## Assisted Living Facilities

- Assisted Living Facilities provide a home-like setting where assistance is provided with daily activities of living for those who live there. The assistance can include help with meals, dressing, bathing, and managing medications.
- There are different levels of assisted living depending on the care required by the resident.
- Costs differentiate between levels of care. More assistance would have a higher daily charge. Rates are based on a resident's needs and assessment.
- In Frederick County, the approximate cost for assisted living is \$2,500 - \$6,000 per month for care, meal preparation and room and board. Excludes prescription costs. Per diem rates vary from facility to facility.
- Payment is private pay or long term care insurance.

## > FAQ

### Placement Outside of the Home

#### **Q:** What is the difference between an assisted living facility and a nursing home?

An assisted living facility is a residential program for individuals who need help with daily activities, such as personal care, mobility, medications, meal preparation or household chores, but who do not require skilled nursing care. Assisted living programs strive to create a home-like setting that promotes independence. Nursing homes, on the other hand, are designed for people who need daily nursing care. These facilities have nursing staff available 24 hours a day, and have a range of services (social work, occupational and physical therapies, etc.) to meet the residents' health care needs.

#### **Q:** How do I get my parents admitted to an assisted living facility?

First, choose the facility that is right for your parents. Carefully read the Resident Agreement, the contract that lists all the services that will be provided, the fees and the responsibilities of

all parties. Make sure you understand what services are provided and all of the fees that may be charged. Ask their physician to complete a physical assessment form and submit it to the assisted living facility you have chosen. Make sure the facility is licensed for the level of care your parents need. Once these steps are taken, all the documents are signed and any initial fees are paid, your parents may move in when there is a vacancy.

#### **Q:** What happens if my mom's condition changes and she needs more care than she did when she was admitted?

If your mother is assessed as a light level when she is admitted to the facility, she can continue to live there when her health declines as long as her care needs are not greater than the highest level of care for which the facility is licensed. If, however, your Mom needs a heavy level but the facility is only licensed for a moderate level, she would need to move to an assisted living facility that is licensed at a heavy level, or possibly transfer to a nursing home.



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—Dr. Eric Bush, Medical Director, Hospice of Frederick County

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*Mark Darrell,  
son of a Carroll Hospice patient*

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# NEEDING ADVANCED ASSISTANCE

## Nursing Homes

Nursing homes provide care to a resident with specific skilled nursing needs.

- Skilled staff often specialize in specific medical areas such as wound care, respiratory therapy, occupational and physical therapy, and medication administration.
- Nursing home staff provide a higher level of assistance with all or some activities of daily living such as feeding, showering, toileting, dressing, etc.



## Nursing Home admission and payment

- There should be a responsible party who is able to complete paperwork, coordinate payments and apply for benefits on behalf of the individual entering the nursing home if that individual is incapable of handling their own affairs.
- This person is not financially liable for your stay but will only be responsible to ensure that any funds you have are used to pay for the nursing home stay.
- Some individuals may be eligible for Medicare coverage in a nursing home for up to 100 days following a hospital stay. Please check with a discharge coordinator at the hospital to ensure eligibility of a skilled need.
- Per diem rates vary from facility to facility. In Frederick County, rates can range from \$250-\$375 per day depending on patient's care needs.

## Long Term Care Medical Assistance

- Long Term Care Medical Assistance or Medicaid is not the same as *Medicare*.
- Long Term Care Medical Assistance is a program administered by the State of Maryland to assist eligible individuals residing in a long term care facility (nursing home) with their medical expenses and a portion of their cost of care.
- Application for Long Term Care Medical Assistance is made through the local Department of Social Services. Contact the Frederick County Department of Social Services at 301-600-4575 to apply.

## Other payment options for Nursing Home Care

- As stated above, Medicare may cover some of an individual's stay in a nursing home for up to 100 days following a hospital stay. Be sure to check with a discharge coordinator at the hospital to ensure eligibility of a skilled nursing need.
- Private Pay – services are paid for directly from a patient's funds.
- Long Term Care insurance covers portions of long term care and may have a lifetime cap.

## Nursing Home Grievances and Oversight Agencies

- In a nursing home there is an internal chain of command for grievances.
- The Long-Term Care Ombudsman program is a federally mandated program as part of the Older Americans Act that insures quality care in nursing homes and assisted living facilities. The Ombudsman can be contacted at the Frederick County Department of Aging.
- The Office of Health Care Quality provides licensure for assisted living and nursing homes to operate and conducts periodic surveys to monitor care.

For more information, contact the Long-Term Care Ombudsman at the Frederick County Department of Aging at 301-600-1605.

A RESOURCE FROM THE MARYLAND ATTORNEY GENERAL'S OFFICE WITH IMPORTANT INFORMATION ABOUT NURSING HOMES.

*Nursing Homes: What You Need To Know*

[www.oag.state.md.us/Consumer/nurshome.htm](http://www.oag.state.md.us/Consumer/nurshome.htm)

## What is Medical Assistance?

Medical Assistance is a government program that pays for medical services, including nursing home care. The rules of the program are determined by the federal government and the Maryland Department of Health and Mental Hygiene. You apply for Medical Assistance at the local Department of Social Services in the county where you live.

Medical Assistance coverage for nursing home care has both financial and medical eligibility rules. The medical eligibility rule is that you must need health care services, above the level of room and board, which can be made available in a nursing facility. If you need to apply for Medical Assistance, it may help to talk to a lawyer or a legal services program for advice. Each person's situation is different, and the result depends on the exact facts.

For more information contact – The Frederick County Department of Social Services at 301-600-4575.

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# END OF LIFE

## Planning for End-of-Life Care Decisions

Because of advances in medicine, each of us, as well as our families and friends, may face many decisions about the dying process. As hard as it might be to face the idea of your own death, you might take time to consider how your individual values relate to your idea of a good death. By deciding what end-of-life care best suits your needs when you are healthy, you can help those close to you make the right choices when the time comes. This not only respects your values, but also allows those closest to you the comfort of feeling as though they can be helpful.

There are several ways to make sure others know the kind of care you want when dying.

## Talking About End-of-Life Wishes

The simplest, but not always the easiest, way is to talk about end-of-life care before an illness. Discussing your thoughts, values, and desires will help people who are close to you to know what end-of-life care you want.

For example, you could discuss how you feel about using life-prolonging measures or where you would like to be cared for. For some people, it makes sense to bring this up at a small family gathering. Others may find that telling their family they have made a Will (or updated an existing one) provides an opportunity to bring up this subject with other family members. Doctors should be told about these wishes as well. As hard as it might be to talk about your end-of-life wishes, knowing your preferences ahead of time can make decision-making easier for your family. You may also have some comfort knowing that your family can choose what you want.

On the other hand, if your parents are aging and you are concerned about what they want, you might introduce the subject. You can try to explain that having this conversation will help you care for them and honor their wishes. You



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2100 Whittier Drive  
Frederick, MD 21702  
**301-668-3930**

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might start by talking about what you think their values are, instead of talking about specific treatments.

Encourage your parents to share the type of care they would choose to have at the end of life, rather than what they don't want. There is no right or wrong plan, only what they would like. If they are reluctant to have this conversation, don't force it, but try to bring it up another time.

## Advance Directives and Other Documents

Written instructions letting others know the type of care you want if you are seriously ill or dying are called advance directives. These include a living will and health care power of attorney. A living will records your end-of-life care wishes in case you are no longer able to speak for yourself. You might want to talk with your doctor or other health care provider before preparing a living will. That way you will have a better understanding of what types of decisions might need to be made. Make sure your doctor and family have seen your living will and understand your instructions.

Because a living will cannot give guidance for every possible situation, you probably want to name someone to make care decisions for you if you are unable to do so for yourself. You might choose a family member, friend, lawyer, or someone in your religious community. You can do this either in the advance directives or through a durable power of attorney for health care that names a health care proxy, who is also called a representative, surrogate, agent, or attorney-in-fact. "Durable" means it remains in effect even if you are unable to make decisions. A durable power of attorney for health care is useful if you don't want to be specific—if you would rather let the health care proxy evaluate each situation or treatment option independently. A durable power of attorney for health care is also important if your health care proxy, the person you want to make choices for you, is not a legal member of your family. Of course, you should make sure the person and alternate(s) you have names

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Medicare is not designed to cover all Medical Expenses. Medicare Supplement Insurance can help cover deductibles, coinsurance, and other expenses that Medicare does not cover in full.

#### For more information about:

- Medicare deductibles
- Medicare coinsurance
- Medicare Part A
- Medicare Part B
- Medicare Supplement Insurance

**Please Call 240-285-3696  
to discuss with a Licensed  
Insurance Agent**

**Brian Ferguson**  
[Brian.Ferguson@Bankers.com](mailto:Brian.Ferguson@Bankers.com)



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understand your views about end-of-life care. If you don't name someone, the state you live in probably has an order of priority based on family relationships to determine who decides for you. A few states let people name a health care proxy by telling their doctor, without paperwork.

Don't confuse a durable power of attorney for health care with a durable power of attorney. The first is limited to decisions related to health care, while the latter covers decisions regarding property or financial matters.


A lawyer can prepare these papers, or you can do them yourself. Forms are available from your local or State government, from private groups, or on the Internet. Often these forms need to be witnessed. That means that people who are not related to you watch as you sign and date the paperwork and then sign and date it themselves as proof that the signature is indeed yours. Make sure you give copies to your primary doctor and your health care proxy. Have copies in your files as well. Hospitals might ask for a copy when you are admitted, even if you are not seriously ill.

Review the decisions in your advance directives from time to time and make changes if your view or your health needs have changed. Be sure to discuss these changes with your health care proxy and your doctor. Replace all copies of the older version with the updated ones, witnessed and signed if appropriate.

You should also give permission to your doctors and insurance companies to share your personal information with your health care proxy. This lets that person discuss your case with your doctor and handle insurance issues that may come up.

Do you live in one state but spend a lot of time in another? Maybe you live north and spend winter months in a southern state. Or possibly your children and grandchildren live in a different state and you visit them often. Because states' rules and regulations may differ, make sure your forms are legal in both your home state and the state you travel to often. If not, make an advanced directive with copies for that state also. And make sure your family there has a copy.

FROM NATIONAL INSTITUTE ON AGING BOOKLET "End of Life: Helping With Comfort and Care"



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# Some Differences Between Palliative Care and Hospice

	Palliative Care	Hospice
Who can be treated?	Anyone with a serious illness	Anyone with a serious illness whom doctors think has only a short time to live, often less than 6 months
Will my symptoms be relieved?	Yes, as much as possible	Yes, as much as possible
Can I continue to receive treatments to cure my illness?	Yes, if you wish	No, only symptom relief will be provided
Will Medicare pay?	It depends on your benefits and treatment plan	Yes, it pays all hospice charges
Does private insurance pay?	It depends on the plan	It depends on the plan
How long will I be cared for?	This depends on what care you need and your insurance plan	As long as you meet the hospice's criteria of an illness with a life expectancy of months, not years
Where will I receive this care?	Home Assisted living facility Nursing home Hospital	Home Assisted living facility Nursing home Hospice facility Hospital

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## What does the “hospice 6-month requirement” mean?

Some people misinterpret their doctor’s suggestion to consider hospice. They think it means death is very near. But that’s not always the case. Sometimes people don’t begin hospice care soon enough to take full advantage of the help it offers. Perhaps they wait too long to begin hospice; they are too close to death. Or, some people are not eligible for hospice care soon enough to receive its full benefit.

In the United States, older people can receive hospice care through Medicare if their health care provider thinks they have less than 6 months to live. Doctors have a hard time predicting how long an older, frail person will live. Health often declines slowly, and some people might need

a lot of help with daily living for more than 6 months before they die. Talk to the doctor if you think a hospice program might be helpful. If he or she agrees, but thinks it is too soon for Medicare to cover the services, then you can investigate how to pay for the services that are needed.

## What happens if someone under hospice care lives longer than 6 months?

If the doctor continues to certify that that person is still close to dying, Medicare can continue to pay for hospice services. It is also possible to leave hospice care for a while and then later return if the health care provider still believes that the patient has less than 6 months to live.

FROM NATIONAL INSTITUTE ON AGING BOOKLET “End of Life: Helping With Comfort and Care”



# Changes in the Treatment of Patients *in* Cardiac Arrest IN MARYLAND

On July 1, 2013, a change in the treatment of patients suffering a cardiac arrest became effective.

Previously, EMS providers transported cardiac-arrest patients to the nearest hospital as quickly as possible, all while attempting to treat the individual enroute. This change came about because statistics showed that this practice did not increase survival rates.

Now, a patient suffering a cardiac arrest will receive a minimum of 15 minutes of High-Performance Cardiac Pulmonary Resuscitation (CPR) by Emergency Medical Service (EMS) providers prior to being transported to the nearest hospital emergency department.

Based on recommendations from the National Association of Emergency Medical Services Physicians and the Office of the Chief Medical Examiner of Maryland, as well as the American Heart Association, the Maryland Medical Protocols for Emergency Medical Service Providers has opted to change the initial treatment rendered to cardiac-arrest patients.

With these changes, crews will no longer be scrambling to move the patient to the waiting ambulance. Instead, they will be on-scene for a minimum of 15 minutes, performing high quality CPR, unless a pulse is regained, facilitating an earlier transport.

An additional change in the Maryland Medical Protocols for Emergency Medical Services Providers allows for EMS providers to terminate resuscitation efforts of patients who do not respond to the best available medical treatments.

When a patient suffering cardiac arrest receives high quality CPR and defibrillation (if required), and does not regain a pulse within 15 minutes there is little, if any, chance for survival.



There are three exceptions to the termination of resuscitation protocol for EMS providers.

They are as follows:

- ❶ The cardiac arrest is secondary to hypothermia or submersion underwater.
- ❷ The patient is pregnant.
- ❸ The patient is under 18 years of age.

If a patient falls into any of these three categories, they will receive appropriate treatment on the scene and then be transported rapidly to the hospital emergency department.

If resuscitative efforts are terminated in the field, EMS providers and Law Enforcement officers will remain on-scene to assist family members in any manner needed.

For more information or questions about these changes, please contact the Frederick County Division of Fire & Rescue Services at 301-600-1349.



## When Someone Dies

Immediately following death, nothing has to be done. Take the time you need to start the grieving process. Some people want to stay in the room with the body; others prefer to leave. You might want to have someone make sure the body is lying flat before the joints become stiff and cannot be moved. This rigor mortis begins sometime during the first hours after death.

After the death, how long you can stay with the body may depend on where death happens. If it is at home, there is no need to move the body right away. If your religious, ethnic, or cultural background requires any special customs soon after death, there should be time for that now. If the death is likely to happen in a facility, such as a hospital or nursing home, discuss any important customs or rituals with the staff early on, if possible. That will allow them to plan so that you can have the appropriate time with the body.

Some families want time to sit quietly with the body, console each other, and maybe share memories. You could ask a member of your religious community or a spiritual counselor to come. If you have a list of people to notify, this is the time to call those who might want to come and see the body before it is moved.

As soon as possible, the death must be “pronounced” by someone in authority like a doctor in a hospital or nursing facility or a hospice nurse. This person also fills out the

forms certifying the cause, time, and place of death. These steps will make it possible for an official death certificate to be prepared. This legal form is necessary for many reasons, including life insurance and financial and property issues. If hospice is helping, a plan for what happens after death is already in place. If death happens at home without hospice, try to talk with the doctor, local medical examiner (coroner), your local health department or a

funeral home representative in advance about how to proceed.

Arrangements should be made to pick up the body as soon as the family is ready. Usually this is done by a funeral home. The hospital or nursing facility, if that is where death takes place, may call the funeral home for you. If at home, you will

need to contact the funeral home directly or ask a friend or family member to do that for you.

The doctor may ask if you want an autopsy. This is a medical procedure conducted by a specially-trained physician to learn more about what caused death. For example, if the person who died was believed to have Alzheimer’s disease, a brain autopsy will allow for a definitive diagnosis. If your religion or culture objects to autopsies, talk to the doctor. Some people planning a funeral with a viewing worry about having an autopsy, but the physical signs of an autopsy are usually hidden by clothing.

*Take the  
time you need  
to start the  
grieving process.*

# What about organ donation?



At some time before death or right after it, the doctor may ask about donating organs such as the heart, lungs, pancreas, kidneys, cornea, liver and skin. Organ donation allows healthy organs from someone who dies to be transplanted into living people who need them. People of any age can be an organ donor. The person who is dying may have already indicated they would like to be an organ donor. Some states include it on their driver’s license. If not, the decision has to be made quickly. There is no cost to the donor’s family for this “gift of life.” If the person has requested a do-not-resuscitate (DNR) order, but wants to donate organs, he or she might have to indicate that the desire to donate supersedes the DNR. That is because it might be necessary to use machines to keep the heart beating until the medical staff is ready to use the donated organs.

<b>TO LEARN MORE ABOUT</b> <b>Organ Donation</b>	<b>Donate Life America</b> <a href="http://www.shareyourlife.org">www.shareyourlife.org</a> 1-804-782-4920	<b>Living Bank</b> <a href="http://www.livingbank.org">www.livingbank.org</a> 1-800-528-2971 (toll-free)
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## Calling 911 or not?

When there is a medical emergency, such as a heart attack, stroke, or serious accident, we know to call 911. But if a person is dying at home and does not want CPR, calling 911 is not necessary. In fact, a call to 911 could cause confusion. Many places require EMTs (emergency medical technicians) who respond to 911 calls to perform CPR if someone’s heart has stopped. Consider having a “non-hospital DNR” if the person is dying at home.



FROM NATIONAL INSTITUTE ON AGING BOOKLET “End of Life: Helping With Comfort and Care”

# RESOURCES

The National Institute on Aging offers free information about health and aging in English and Spanish.

## **National Institute on Aging Information Center**

31 Center Drive, MSC 2292  
Bethesda, MD 20892  
1-800-222-2225 (toll free)  
1-800-222-4225 (TTY/toll free)  
[www.nia.nih.gov](http://www.nia.nih.gov)  
[www.hia.nih.gov/espanol](http://www.hia.nih.gov/espanol)

To order publications (in English or Spanish) or sign up for regular email alerts, go to [www.nia.nih.gov/health](http://www.nia.nih.gov/health).

Visit [NIHSeniorHealth](http://NIHSeniorHealth) ([www.nihseniorhealth.gov](http://www.nihseniorhealth.gov)), a senior-friendly website from National Institute on Aging and the National Library of Medicine. This website has health information for older adults. Special features make it simple to use. For example, you can click on a button to have the text read out loud or to make the type larger.

## **Alzheimer's Disease Education and Referral (ADEAR) Center**

P.O. Box 8250  
Silver Spring, MD 20907-8250  
1-800-438-4380 (toll-free)  
[www.nia.nih.gov/alzheimers](http://www.nia.nih.gov/alzheimers)

NIA's ADEAR Center offers free information about Alzheimer's disease, including specific caregiving information.



The following is a list of national and local organizations to contact to learn more. Some have more detailed information related to caregiving and the health of older people.

## **Administration for Community Living**

Washington, DC 20201  
202-619-0724  
[www.acl.gov](http://www.acl.gov)

## **Alzheimer's Association Greater Maryland Chapter, Western Maryland Region**

108 Byte Drive, Suite 103  
Frederick, MD 21702  
301-696-0315  
24-hour Help Line:  
1-800-272-3900  
[www.alz.org/maryland](http://www.alz.org/maryland)

## **The Arc of Frederick County, Inc.**

620-A Research Court  
Frederick, MD 21703  
301-663-0909  
[www.arcfc.org](http://www.arcfc.org)

## **ARCH National Respite Network and Resource Center**

1-919-490-5577  
[www.archrespite.org](http://www.archrespite.org)

## **Benefits Check Up**

[www.benefitscheckup.org](http://www.benefitscheckup.org)

## **Centers for Medicare & Medicaid Services (CMS)**

7500 Security Boulevard  
Baltimore, MD 21244-1850  
1-800-633-4227 (toll free)  
1-877-486-2048 (TTY/toll free)  
[www.cms.gov](http://www.cms.gov)  
[www.medicare.gov](http://www.medicare.gov)

## **Community Living, Inc.**

620-B Research Court  
Frederick, MD 21703  
301-663-8811  
[www.communitylivinginc.org](http://www.communitylivinginc.org)

## **Commission on Disabilities**

12 E Church Street  
Frederick, MD 21701  
301-600-1663  
[www.frederickcountymd.gov/fccod](http://www.frederickcountymd.gov/fccod)

## **Department of Developmental Disabilities**

DDA - Western Maryland Regional Office  
1360 Marshall Street  
Hagerstown, MD 21740  
(301)791-4670  
1-888-791-0193  
Maryland Relay:  
1-800-735-2258  
<http://dda.dhmdh.maryland.gov>



## Caregiver Specific Websites

### Caregiving.com

[www.caregiving.com](http://www.caregiving.com)

### Elder Care Online

[www.ec-online.net](http://www.ec-online.net)

### Caring Today Magazine

[www.caringtoday.com](http://www.caringtoday.com)

[www.caregiverstress.com](http://www.caregiverstress.com)

[www.sharethecare.org](http://www.sharethecare.org)

[www.wellspouse.org](http://www.wellspouse.org)

[www.thefamilycaregiver.org](http://www.thefamilycaregiver.org)

### Department of Veterans Affairs

Veterans Benefits Administration

Veterans Health Administration

810 Vermont Avenue, NW

Washington, DC 20420

VA Benefits:

1-800-827-1000 (toll free)

To speak with a healthcare  
benefits counselor:

1-877-222-8387 (toll free)

[www.va.gov](http://www.va.gov)

[www.caregiver.va.gov](http://www.caregiver.va.gov)

### Maryland Department of Veterans Affairs Frederick County

100 West Patrick Street

Room 2120

Frederick, MD 21701

301-600-2155 or

1-800-446-4926

[www.mdva.state.md.us](http://www.mdva.state.md.us)

### Elder Locator

1-800-677-1116 (toll free)

[www.eldercare.gov](http://www.eldercare.gov)

### Family Caregiver Alliance

785 Market Street, Suite 750

San Francisco, CA 94103

1-800-445-8106 (toll free)

[www.caregiver.org](http://www.caregiver.org)

### The Freedom Center, Inc.

14 West Patrick Street, Suite 10

Frederick, MD 21701

301-846-7811

[www.thefreedomcenter-md.org](http://www.thefreedomcenter-md.org)

### Hospice Foundation of America

1710 Rhode Island Avenue, NW

Suite 400

Washington, DC 20036

1-800-854-3402 (toll free)

[www.hospicefoundation.org](http://www.hospicefoundation.org)

### Hospice of Frederick County

516 Trail Avenue, Suite C

P.O. Box 1799

Frederick, MD 21702

240-566-3030

[www.hospiceoffrederick.org](http://www.hospiceoffrederick.org)

### National Alliance for Caregiving

4720 Montgomery Lane, 2nd Floor

Bethesda, MD 20814

[www.caregiving.org](http://www.caregiving.org)

### Caregiver Action Network

2000 M Street, NW, Suite 400

Washington, DC 20036

202-772-5050

[www.caregiveraction.org](http://www.caregiveraction.org)

### National Hospice and Palliative Care Organization

1731 King Street, Suite 100

Alexandria, VA 22314

1-800-658-8898 (toll free)

[www.caringinfo.org](http://www.caringinfo.org)

[www.nhpco.org](http://www.nhpco.org)

### National Institutes of Health

9000 Rockville Pike

Bethesda, MD 20892

1-301-496-4000

1-301-402-9612 (TTY)

[www.nih.gov](http://www.nih.gov)

### National Library of Medicine MedlinePlus

[www.medlineplus.gov](http://www.medlineplus.gov)

### National Long-Term Care Ombudsman Resource Center

1001 Connecticut Ave NW  
Suite 425

Washington, DC 20036

1-202-332-2275

[www.ltcombudsman.org](http://www.ltcombudsman.org)

### SHIP (State Health Insurance Assistance Program)

1-800-243-3425

[www.medicare.gov/contacts](http://www.medicare.gov/contacts)

## Additional Helpful Resources

### AARP

601 East Street, NW

Washington, DC 20049

1-888-687-2277

[www.aarp.org](http://www.aarp.org)

### Frederick County Department of Aging

1440 Taney Avenue

Frederick, MD 20702

301-600-1605

[www.frederickcountymd.gov/aging](http://www.frederickcountymd.gov/aging)

### GrandFamilies of America

6525 Fish Hatchery Road

Thurmont, MD 21788

301-358-3911

[www.grandfamiliesofamerica.org](http://www.grandfamiliesofamerica.org)

# GLOSSARY OF MOST COMMONLY USED TERMS

*A glossary has been included to help you further understand not only specific words and terminology used in this booklet, but also terms currently used, across the country, in the discussion of aging and related issues.*

**Activities of daily living (ADLs):** Tasks necessary for daily life, including bathing, dressing, eating, toileting, transferring, and mobility.

**Adult day services:** A day center that offers health-related and rehabilitative services, social involvement, and activities to meet the needs of the physically and/or mentally impaired elderly on a daily, weekly, or part-time basis.

**Adult Evaluation and Review Service (AERS):** A nursing and psychosocial assessment completed by a nurse for individuals 18 years and older who are experiencing problems in daily living or are at risk of admission to a nursing home.

**Adult Protective Services (APS):** A program through the Department of Social Services that investigates reports of suspected abuse, neglect, self-neglect, or exploitation of any vulnerable adult 18

years of age and older. Services are offered and provided to the adult and their family.

**Assisted living facilities:** Residential facilities for those who need help with activities of daily living (see ADLs) within an environment that helps the person remain as independent as possible. Usually does not include any level of nursing care.

**Caregiver support group:** Group led by a professional and/or volunteer that allows family caregivers to meet in a supportive atmosphere to express their feelings, share coping skills, and learn about aging issues and resources for help.

**Continuing care retirement community (CCRC):** Also known as a CCC, continuing care community or life-care community. Residences that offer care to individuals and couples for the remainder of their lives. Most require an entrance fee plus a monthly maintenance charge.

**Custodial care:** Help and supervision with daily living activities – dressing, eating, personal hygiene, and similar functions.

**Dementia:** A clinical term used to describe a group of brain disorders that disrupt and impair cognitive functions (thinking, memory, judgment, personality, mood, and social functioning).

**Discharge planner:** The professional staff member of a hospital or nursing home who develops a plan for the future care of a patient prior to discharge.

**Durable power of attorney:** A power of attorney that is valid and enforceable only when the principal has been declared incompetent or incapable.

**Durable medical and/or financial power of attorney:** A legal document which names a person who will make health care decisions and/or financial decisions for the principal if that individual becomes incompetent or unable to express wishes for himself or herself.

**Elder law attorney:** An attorney who specializes in the laws that deal with the rights and

issues of the health, finances, and well-being of the elderly and the power of other individuals and the government to control them.

**Geriatric assessment:** An evaluation of an older person's physical, psychological, and social condition by a professional team of specialists. This team makes recommendations to the older person, family, and primary care doctor.

**Guardian:** An individual appointed by a court of law to manage a person's financial and/or personal affairs because the court has found that the person is not competent to manage his or her own affairs. A conservator is similarly appointed, but only for financial affairs.

**Home health agency:** A public or private organization with a staff of skilled nurses, homemakers, home health aides, and therapists that provide nursing, rehabilitative, and homemaking services to homebound patients with chronic or temporarily debilitating conditions or to individuals recovering from major medical treatment.

**Instrumental activities of daily living (IADLs):**

Tasks over and above ADLs necessary for everyday living, such as grocery shopping, bill paying, transportation to doctors' appointments, etc.

**Kinship Care:** Term used to describe grandparents or other kin who provide the primary care to a child under the age of 18 due to lack of care given by the biological parent.

**Living will:** A legal expression of an individual's wishes about future medical treatment to be used at a time when they have become incompetent or cannot communicate due to illness.

**Long-term care:** A general term that describes a range of medical, nursing, custodial, social, and community services designed to help people with chronic physical or mental impairments.

**Long-term care insurance:** Insurance policies issued by private companies to defray the costs of long-term care in nursing facilities as well as home and community-based services.

**Medicaid:** The health insurance program financed by the federal and state governments for eligible low-income people 65 and older. Needy older people can

have their Medicare deductibles and co-payments paid by Medicaid. Medicaid may also pay for nursing home care if the individual's income and assets are within certain limits.

**Medical directive:** Also called a living will, advance medical directive, and health care proxy. This legal document enables an individual to give instructions about future medical care, in the event they have become incompetent or are unable to speak for themselves due to illness.

**Medicare:** The national health insurance program for eligible people 65 and older and some disabled individuals. Part A covers hospital costs. Part B covers doctor bills and other medical costs. Part D covers prescription drugs. Patients must pay deductibles and co-payments, and make up any expenses not covered by Medicare.

**Medigap insurance:** Private health insurance policies intended to cover medical costs not fully covered by Medicare. Also known as supplemental insurance.

**Nursing home:** A licensed nursing facility that provides a full range of care and medical services

to those recovering from hospitalization or suffering from chronic illness, dementia, or other factors that make it impossible for them to live at home.

**Occupational therapist (OT):** A licensed professional therapist who helps a person relearn activities of daily living (ADLs) through rehabilitation and modifications and devices for the home environment to help the person function more independently.

**Ombudsman services:** Programs that advocate for and protect the rights of residents in long-term care facilities by investigating complaints, mediating and resolving disputes, and initiating corrective actions.

**Personal emergency response system (PERS):** Equipment that monitors the safety of older people in their homes through signals electronically transmitted over the telephone and received at an emergency monitoring center.

**Physical therapist (PT):** A licensed professional who treats impaired motion or disease through exercise, massage, hydrotherapy, or mechanical devices to improve physical mobility.

**Power of attorney:** basically a written

text where you allow someone else the ability to make certain choices when you're unable to do so.

**Primary care physician:**

The doctor who is consulted first when a health problem occurs and on whom the patient relies for advice, referrals, and ongoing care.

**Respite care:** A service that provides temporary care for an older person. The purpose of the care is to allow the family caregiver some short-term relief from their day-to-day responsibilities. Respite care may be provided outside the home.

**Senior centers:** Neighborhood or community centers that offer a range of services and social, health, nutritional, educational, and recreational activities. Senior centers are for the healthy older adult.

**Skilled nursing facility (SNF):** A licensed facility that provides 24-hour medical services by registered nurses, licensed practical nurses, and nurses aides for seriously ill or severely disturbed people who do not require hospitalization.

**Will:** A legal document that sets forth a person's wishes for disposing of assets after death.

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